DECLARATIO	Attorn	ey Docket Number	ITR0064									
POWER OF AT FOR UTILITY OF	First N	lamed Inventor	Filoc	amo, Gessica et al.								
PATENT APPLI		COMPLETE IF KNOWN										
(37 CFR 1.6	53)	Applic	ation Number	<u> </u>								
Declaration Submitted	Declaration Submitted after Initial	Filing	Date									
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Group	Art Unit									
	required)	Exami	ner Name					_)				
As a below named inventor,	. I hereby declare the	at:										
My residence, mailing address, and citizenship are as stated below next to my name.												
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
INHIBITORS OF MAMMAL	IAN HDAC 11 USEF	UL FOR	TREATING HDAC I	1 MEI	DIATED DISORDERS							
(Title of the Invention) the specification of which												
bears the Attorney Docket Number and Title of the Invention noted above												
OR is attached hereto												
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International												
Application Number and was amended on (MM/DD/YYYY) (if applicable).												
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.												
I hereby claim foreign priority certificate(s), or 365(a) of any America, listed below and hat or of any PCT international a	y PCT international ap we also identified belo	plication w, by ch	which designated at le ecking the box, any for	east on reign a	e country other than the Us pplication for patent or inv	nited entor	States o	f				
Prior Foreign Application Number(s)	Prior Foreign Application				Attorney Docket Number		Priority (Claimed?				
PCT/EP2005/000559	PCT		(MM/DD/YYYY 01/18/2005		ITR0064Y							
1 C 17E1 2003/000337			01.10.200									
Additional foreign applic	ation numbers are listed	on a suppl	lemental priority data she	et PTO	/SB/02B attached hereto.							
I hereby claim the benefit under	r 35 U.S.C. 119(e) of any	y United S		tion(s) l	isted below.							
Application Number(s)			Filing Date (MM/DD/YYYY)		Attorney Docket Number							
			004		ITR0064PV							
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DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby clair designating the is not disclose 35 U.S.C. 11 37 CFR 1.56 date of this a	he United sed in the 2, I acknow which b	I States of A prior Unite owledge the ecame avail	America, lis d States or duty to dis	sted below a PCT internated sclose information and the school of the sch	nd, inso ational a mation k	far as the s pplication mown to n	nubject in the interior to be	matter of manner p material	each of rovided l to paten	the cla by the tabilit	aims of first pa y as de	this a aragrap fined	ph of in	
U.S. Parent Application or PCT Parent Application Number					Parent (MM/	Parent Patent Number (if applicable)								
PCT/EP2005/000559				01.	01/18/2005									
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				ation number										
As a named in following regi connected the	stered prac	ctitioner(s) to	prosecute the Practitioners OR		n and to	transact all Customer Nu	business	in the Un					nd revocation, the ark Office	
	Name	· · · · · · · · · · · · · · · · · · ·		Registra Numb			Name					Registration Number		
				. (24,411)										
Direct all co	rresponde	ence to: X	Custome	r Number	000	210								
Name	Vineet K	Cohli												
Address	Merck &	c Co., Inc	Patent Dep	partment										
Address	P.O. Box	x 2000, RY	Y60-30											
City .	Rahway					State	ŊĴ	VI ZIP			07065-0907			
Country	USA	JSA Telephone			hone (732)594-3	2)594-3889 Fax (7					732)594-4720		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
	me of Sole or First Inventor: A petition has been filed for this unsigned inventor										entor			
Given Name (first and middle [if any])					Family Name or Surname									
Inventor's	Gessica Inventor's					Filocamo						0		
Signature	1,0	50169	<u>,78K</u>	2 Cogra)		I	Date	4e	<u>ely</u>	<u>ب ڊ</u>	2006	
Residence: City	Pome	zia, Rome		State		Cou	ntry 1	taly		Chtiz	enshi	p Italy	у	
Mailing Address		Istituto di R	Licerche di	Biologia M	olecolar	e P. Angel	etti, Via	Pontina	KM 30,	600				
City		Pomezia, R	ome			State		ZIP	00040		Cou	ntry	ITALY	
Additions	l inventor	s are being n	amed on the	supple	mental A	Additional li	ventors	(s) sheet(s) PTO/SB	/02A a	attached	hereto		

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

	int Inventor, if any:		A petition has been filed for this unsigned inventor										
Given Name (first and middle [if a				any]) Family Name or Surname									
Christian			Steinkuhler										
Inventor's Signature			ر رب	Date 5.75ly 2						006			
Residence: City	Pom	ezia, Rome	State	State Country It				У			enship G		
Mailing Address		Istituto di Ricerche di Bi	ologia M	ogia Molecolare P. Angeletti, Via Pontina KN									
City Pomezia, Rome				State ZIP 00040 Country						Country	ITAL	Y	
		oint Inventor, if any:		A petition has been filed for this unsigned inventor									
Give	n Na	me (first and middle [i	f any])	any]) Family Name or Surname									
Inventor's Signature	_								Date				
Residence: City			State		(Country	,			Citiz	enship		
Mailing Address													
City				State		Z	IP				Country		
Name of Addition	A petition has been filed for this unsigned inventor												
Give	me (first and middle [i	fany])	any]) Family Name or Surname										
Inventor's Signature			***************************************						Date			*	
Residence: City			State		(Country	,	Ci		Citiz	Citizenship		
Mailing Address													
City		·			Stat	æ	2	ZIP			Country		
Name of Addition	A petition has been filed for this unsigned inventor									г			
Given Name (first and middle [if				····	_	Family Name or Surname							
Inventor's Signature						•			Date				
Residence: City			State			Country	Citizenship						
Mailing Address													
City					Stat	e		ZIP			Count	ry	